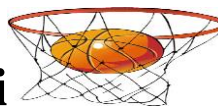


The County of Kauai



2020 BASKETBALL LEAGUE REGISTRATION FORM

NAME OF PARTICIPANT: _____

TEAM: _____

ELIGIBILITY: Boys or Girls in grades 5th to 8th. **FEE: \$30.00** Payable to **Team Head Coach**

ENTRY LIMITATIONS: Participants can **ONLY** enter in their designated GRADE group. (No jumping of divisions)

PLEASE CHECK APPROPRIATE GENDER AND SCHOOL GRADE:

Boy _____ Girl _____

DIVISIONS:

____ Division 56: 5th and 6th grade

____ Division 78: 7th and 8th grade

School You Are Attending: _____

Participant's Media Release

I grant permission to the County of Kaua'i to use photographs and videos taken of my child, for publication in print or electronic documents and to offer the photographs and videos for use or distribution without notifying me for a period of five years from date of signed release. As such, I understand that the use of said photographs and videos will be limited to productions set forth by the County of Kaua'i, Department of Parks & Recreation Programs in the State of Hawai'i. I hereby agree to release and hold harmless the County of Kaua'i from and against any claims, damages or liability from or related to the use of the photographs and videos.

PARENT'S OR GUARDIAN'S WAIVER OF CLAIM AND INDEMNITY AGREEMENT

For and in consideration of the County's providing the above mentioned program, we, the undersigned, jointly, individually and in any representative or legal capacity, on behalf of our respective selves, heirs, executors and /or administrators, do hereby waive, release, discharge and agree to hold harmless and indemnify the COUNTY OF KAUAI, it's officers, employees and agents, individually and in their capacity, from all liability or loss of any claim for death, injury, or damage to property resulting directly or indirectly from the undersigned participant's participation in the program. We further avow that our aforesaid waiver, release, discharge and agreement shall be applicable to any owner of a facility and/or property at or upon which the program is held.

DATE _____
PRINT NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

PLEASE PRINT

ADDRESS: _____
(Street) (City) (State) (Zip Code)

CHILDS BIRTH DATE: _____ AGE: _____ TEL. No. _____ / _____
(Residence) (Business)

IN CASE OF EMERGENCY NOTIFY: _____
(Relationship)

FAMILY DOCTOR: _____ PHONE NUMBER _____

If an auxiliary aid or program modification is needed please call Recreation Office @ 241-4462 at least five working days before the event.